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POPULATION POLICY BRIEFS: Current Situation in Developing Countries and Selected Territories, 1979

Prepared by the Population Division, Department of International Economic and Social Affairs of the United Nations Secretariat

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INTRODUCTION

Within the last decade the role of population policy has come to be widely recognized as a vital element in the development process. The increasing weight placed on population policy with its multi-disciplinary aspects is clearly demonstrated by the widespread incorporation into national development plans of policies designed to influence directly or indirectly the demographic character of the population. The present report entitled: "Population Policy Briefs: current situation in developing countries and selected territories, 1979" is an attempt to present on a systematic basis, a brief summary of Governments' current perceptions and policies in relation to population growth, fertility, mortality, international migration and spatial distribution.

The assessment is of October 1979 and covers United Nations Member States and Non-Member States located in developing regions, in addition to 17 Territories* for which information was readily available. The material contained herein had originally been prepared for the section on "Government's views regarding population" of the 1978/1979 edition of the Inventory of Population Projects in Developing Countries Around the World published by the United Nations Fund for Population Activities.

The information found in this document is based on the replies to the Third and Fourth Population Policy Inquiry Among Governments, material contained in the Population Policy Data Bank of the Population Division, national development plans and publications of various organizations. It is hoped that this document will appear on a yearly basis.

Although the report has been prepared with all possible care, there may possibly be errors or omissions. Comments or corrections would be appreciated.

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* Subsequent to the assessment, Kiribati, Saint Vincent and the Grenadines and Tuvalu, formerly Territories became Non-Member States of the United Nations.

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AFGHANISTAN

The last known Government statement concerning population was made in 1978 and indicates that although the Government considers that increasing population could create a number of problems in the distant future, at this point it needs more information on the demography and natural resources of Afghanistan before formulating a long-term population policy. However, even with the present information, the Government considers that the levels of morbidity and mortality are extremely unsatisfactory and severely affect the quality of family life. The new health policy adopted by the Government in April 1978 provides for a family health programme through basic health services and primary health care, giving priority to maternal and child health and welfare, and aiming to achieve, through family guidance services, a level of population growth commensurate with the social and economic programme of the state. The Government also has a policy of assisting nomads, (estimated number between 1 and 2 1/2 million) settling those who are willing to settle or assisting those who wish to continue nomadic life. Programmes of land redistribution and agricultural development are in effect to modify the spatial distribution of the population. The level of international migration is not considered to be significant.

ALGERIA

The policy of the Government is to resolve by means of vigorous economic development the remaining problems of under-development, which include problems associated with population. The establishment of a self-sufficient industrial economy within the new international economic system is visualized as a prerequisite to the generation of desirable demographic changes. Specific objectives are the rapid reduction of morbidity and mortality, including improvement of maternal and child health, and regional development including industrialization and comprehensive rural developments designed to achieve a satisfactory distribution of population and a decreased flow of migrants to urban areas. The Public Health Code states that the national policy concerning contraception is based on the concern to protect the life and health of the mother and child as well as the mental and social balance of the family. The Government considers that the only guarantee of the acceptance of family planning techniques by a majority of the population is economic and social development which will achieve conditions in which the population will be motivated to adopt voluntarily improved means of regulating its fertility. In the area of international migration the Government is exploring the possibility of new recipient countries for its emigrants, while at the same time accomodating newly repatriated emigrants.

ANGOLA

The Government considers that the rates of natural increase, population growth and fertility are satisfactory. The principal long-term objectives of the Government are to increase the knowledge and understanding of the composition and growth of the population, to improve the health standards of the population, especially of mothers and children in rural areas and to increase skilled manpower. A census scheduled for 1983 is intended to provide the country with reliable demographic, social and economic data on the characteristics of the population needed for development planning. In the future the Government intends to adopt a population policy which would help meet national goals, and to institutionalize a research programme in human reproduction. The Government supports a comprehensive health development policy which aims at integrating maternal and child health care service to reduce morbidity and mortality. There is a desire to reverse the flow of rural to urban migration, adjust the urban and rural configurations, maintain the significant level of international emigration and to deal with the problems of the refugee population now residing in Angola.

ARGENTINA

In December 1977, a new Presidential Decree was issued on "National Population Objectives and Policies". It called for, among other things, raising the quality of life, achieving a more balanced relationship between population and land resources and assuring an acceptable population level in the disadvantaged provinces. Other objectives were the strengthening of Argentina's natural growth by encouraging fertility and reducing general and especially infant mortality, and increasing immigration for permanent settlement. Incentives to child-bearing, working through the systems of taxation and access to services, have been the principle methods employed to stimulate fertility. Although the Government's pro-natalist policy was maintained during 1977, the Family Planning Association has resumed contraceptive services in some hospitals and plans to provide instruction for professional health workers as well as programmes of responsible parenthood education in schools. Because of the extreme concentration of activity in Buenos Aires Province, measures such as settling population in sparsely populated frontier areas and restricting industrial expansion in the federal capital have been adopted in order to adjust the country's spatial distribution.

BAHAMAS

The Government of the Bahamas considers the rate of fertility and natural increase to be too high. The current policy is to reduce the population growth rate largely by a selective control of immigration, in addition to an improvement in family planning programmes. It is hoped that the results of the census to be held in 1980 will provide valuable insights into the fertility patterns of the country and act as the basis for the future formulation of population policy. In order to resolve problems associated with unemployment, the Government is continuing its policy of repatriating illegal immigrants and is also placing emphasis on the training of Bahamians in all areas of economic activity as a means of replacing expatriate personnel. The spatial distribution of the population is considered inappropriate and programmes of social and economic development are in effect in rural areas to reduce urban migration.

BAHRAIN

Although the Government considers the current rate of its population growth as satisfactory, it has permitted the establishment of a family planning association, and provides access to modern contraception and support for improved health and welfare services. Emphasis has also been given to the provision of decentralized, polyvalent health centres with expansion of maternal and child health services. Substantial programmes for public housing and environmental improvement for both urban and rural populations are in effect. During the 1960s the establishment of new satellite centres was underway and in the 1970s a master plan for controlled expansion of the metropolitan region was under preparation. The Government has attempted to limit permanent immigration, while encouraging temporary immigration to meet its manpower demands.

BANGLADESH

The Government officially recognizes population as the primary socio-economic problem of the country. With the recent launching of an elaborate multisectoral population control programme, the Ministry of Health and Population Control sees an urgent need for a reorientation of strategy from the previous clinic-oriented, isolated birth control programme to an all-out multi-dimensional family welfare programme with emphasis on domiciliary delivery of integrated Maternal-Child Health and Family Planning Services involving community participation. The Population Control and Family Planning Programme is an integral component of total social mobilization and national development efforts. The Government is

committed to follow a deliberate policy of fertility reduction with supportive legal, administrative and socio-economic measures implemented through community involvement. Both the level of immigration and emigration are considered satisfactory and not significant by the Government. Because of the problems associated with migration to urban areas the policy has been to reverse this flow and encourage migration to rural sections.

BARBADOS

The Government continues to give its steady support to population control activities in Barbados, in an effort to lower the rate of population growth and thereby attain a better socio-economic status. While Barbados has had a low population growth rate, caused partly by the high emigration of the 1950s and the 1960s, there is a fear that this trend may be reversed as a result of immigration being practically halted and the improvement of health conditions. The Government favours strengthening and expanding the work of the Barbados Family Planning Association which it supports financially and materially and has introduced a family planning component in clinics throughout the island. Neither the level of immigration nor the level of emigration is perceived to be a problem. The present spatial configuration is viewed as appropriate.

BENIN

The Government considers that its fertility and natural increase are satisfactory, its principal population concern being high levels of morbidity and mortality and an unbalanced spatial distribution of population. Although there is no expressed Government population policy, the Ministry of Public Health is in favour of the integration of family health (maternal and child health/child-spacing) in the basic health services. The Government has also expressed its interest in introducing population education into the school curriculum. The level of international migration is considered not significant and satisfactory. In March 1978 the Government established the Land Usage Commission whose functions are to elaborate a land use and urbanization policy and propose methods of financing any proposed improvements. While the spatial distribution of the country is considered inappropriate, there is a desire to maintain the level of migration from rural to urban areas.

BHUTAN

In 1975 the Government stated that although there was no population problem at the present, appropriate measures have been incorporated into Government programmes in order to avoid future population problems. The rate of fertility is considered to be satisfactory. Family Planning activities that include maternal and child welfare programmes have been intensified and extended to rural areas. While the Government would like to maintain the significant level of immigration to resolve manpower shortages, concern has been expressed over the large number of refugees residing in the country. There is a desire to improve the spatial distribution of the population by accelerating the flow of migrants from rural to urban areas.

BOLIVIA

While the Government has not yet formulated a global population policy, it has implemented programmes designed to incorporate demographic variables in comprehensive and sectoral plans. The official policy is to increase population growth by encouraging immigration and at least maintaining current levels of fertility, while decreasing mortality and emigration. Measures undertaken to achieve these objectives are economic and social restructuring, closing of family planning clinics and programmes of primary health care, with priority given to rural areas and development zones. The target is to increase life expectancy from 47 years in 1975 to 52 years and to reduce general mortality from 18.4 in 1975 to 16.9 per 1000 by 1980. The Government has announced its intention of encouraging large numbers of foreigners to immigrate to Bolivia by offering nearly two million acres of choice agricultural land as an inducement. In order to improve the unsatisfactory internal distribution of the population, the Government has undertaken policies to bring about a more rational distribution of population by fortifying the "fundamental territorial system". Preference is being given to the location of key development projects, economic and social infrastructure is being constructed around the principal urban centres and migration is being re-directed to encourage new lands development.

BOTSWANA

In its National Development Plan 1973-1978, the Government indicated that "at Botswana's stage of development, economic growth is in no way assisted by the rapidly rising population" and that "a conscious and planned effort must therefore be made to stabilize the growth of the population". To create a better understanding of the issues involved, the central Government working through the Ministries of Finance and Development Planning; Health, Labour and Home Affairs; and Local Government and Lands is concentrating on services offered in the field through urban and rural district councils. The Government reports that the urban population has been growing by as much as 12 per cent per annum, and absorbs large amounts of scare financial and administrative resources. Since two thirds of this growth is attributed to immigration from the rural areas, a necessity to ensure the maximization of cost effectiveness of new development, in terms of services and employment provided, is recognized. Because the Government considers the level of emigration too high, its policy is to decrease the out-migration. In addition the Government has established resettlement camps for refugees now residing in Botswana.

BRAZIL

While the Brazilian Government has in the past considered its population growth to be satisfactory, there appears to be an evolution in this perception as shown by recent statements on the part of government officials expressing the view that Brazil's growth places a burden on the Government. At the same time the Government has also indicated awareness of its responsibility to provide information and access to family planning to all Brazilians who voluntarily choose to plan their families. Some states and municipalities have entered into agreements with the Brazilian Civil Society for Family Welfare (BEMFAM) - Sociedade Civil de Bem Estar Familiar no Brasil - a private organization, which is the IPPF affiliate, and which has been particularly active in working through Government agencies at the state and municipal levels. Still, the official position of the Brazilian Government is to encourage regional growth in order to settle the sparsely inhabited north and west regions of the country and to create a strong internal market for trade and industry. The resettlement of the Amazon basin, comprising 57 per cent of the territory of Brazil, is planned and executed under the aegis of the National Institute for Colonization and Agrarian Reform. The level of international migration is viewed as satisfactory and not significant.

BURMA

The Government of Burma once indicated that it considered its country to be "relatively underpopulated" and thus at present has a pro-natalist attitude. According to the Government, the population question in Burma should be seen not as a problem of controlling the birth rate but of equipping and mobilizing the people for economic growth. It has emphasized "that there is every need for promoting a population policy that would ensure the development of the country into a nation of healthy individuals", but has stated that it considers intervention to limit trends and levels of population growth to be undesirable. The Government now recognizes family planning only as a valid measure designed to improve maternal and child health and to ensure the development of a healthy population. The comprehensive National Health Programme is being extended and measures are under way to strengthen the co-ordination between preventive and curative services. In May 1978 Burma and Bangladesh reached agreement on the return of refugees to Burma and to co-operate in the future to prevent illegal border crossings. In 1976 the distribution of the population was considered to be appropriate, although requiring minor changes with regard to the rapid rate of growth of the metropolitan region. Government programmes have emphasized the modernization of rural technology and the resettlement of the rural population and of slum dwellers from the capital city to planned satellite towns.

BURUNDI

Although the Government perceives its population size and growth rate to be satisfactory and believes that fertility rates are satisfactory and intervention undesirable, Government officials have begun to express concern at over-population and food shortages. They have indicated that some redistribution of the population into previously underutilized areas might be desirable. International migration is not considered to be significant.

CAPE VERDE

The Government has indicated its awareness of the necessity of family planning to help create an equilibrium between the population and other resources. It has also indicated its interest in developing family planning components as part of a broader maternal and child health programme and in establishing educational programmes in this area. The level of international migration is considered to be satisfactory. While the spatial configuration of the population is perceived as inappropriate, the policy is to maintain the flow of migrants from rural to urban areas.

CENTRAL AFRICAN REPUBLIC

The Government has indicated that the anticipated medium-term population size will be smaller than that which is considered necessary or desirable if all the known or perceived physical resources were to be utilized. Its view is that the levels and trends of population growth are too low and that its fertility rates are too low. During 1976, it explicitly stated its policy to be pro-natalist. The spatial distribution of the population is perceived as being inappropriate, the policy being to reverse the flow of migrants from rural to urban areas. Because of the insignificant level of international migration, the policy is one of non-intervention.

CHAD

The Government has indicated that the anticipated medium-term population size will be smaller than that which is considered necessary or desirable if all the known or perceived physical resources were to be utilized. It has indicated that the levels and trends of population growth are satisfactory and that its present and prospective fertility rates are satisfactory. The levels of immigration and emigration are both considered to be satisfactory. Although there is dissatisfaction with the spatial distribution of the population, the Government has not taken any steps to readjust the urban or rural configurations.

CHILE

Due to a steady decline in Chile's birth rate over the last five years, the Government now considers a significant increase in population to be essential. It is felt that a higher birth rate will ensure both national security and an expanding economy. However, the Government also considers that it is not the responsibility of the State to adopt measures designed to increase or reduce rates of population growth and that decisions regarding family size should be freely made by the family unit, without Government intervention. Levels of immigration and emigration are considered satisfactory, while the spatial distribution of the population is considered inappropriate, necessitating a deceleration of the flow of migrants from rural to urban areas.

CHINA

According to recent statements by Government officials, curbing population growth has become a strategic task and a matter of top priority. Rapid population increase is perceived as a hindrance both to improvements in living standards and the achievement of the four modernizations (agriculture, defense, industry, and science and technology), four sectors in which development efforts have been concentrated. The objectives of the family planning programme are the postponement of marriage until age 23 for women and 25 for men, the spacing of births of children at intervals of three to five years, and a reduction in the rate of natural increase from 12 per 1000 in 1978 to 5 per 1000 by 1985 and zero by the year 2000. To encourage families to have only one child a series of social and economic measures will be adopted which will include the awarding of income bonuses, health-care subsidies, higher pensions and priority in the allocation of city housing and private vegetable gardens in the countryside to couples having one child. Families exceeding two children will not receive ration coupons for any commodities other than staples and will have 10 per cent of their monthly wages taxed for welfare payments. Policies to redistribute the population have been introduced to assist the development of regional economies and to ease the overcrowding of urban areas, with the direction of the flow generally being from urban centres to rural areas and from the densely populated eastern provinces to the less populous frontier areas in the west and north. In the area of international migration policy implementation has focused on three aspects: to encourage the repatriation of ethnic Chinese residing abroad, the signing of agreements with other countries for the organized emigration of Chinese labour on fixed-term contracts and the control of illegal emigration into neighbouring countries.

COLOMBIA

The Government of Colombia has adopted a population policy setting forth such objectives as a reduction in the rate of population growth through a decrease in fertility and a decrease in morbidity and mortality. Due to the rapid decline in fertility which has been observed, the Government considers current trends to be satisfactory. It provides family planning services within its maternal and child health programme, the general objectives of which are to bring about a reduction in maternal and child morbidity and mortality and to improve family welfare through the provision of education and family planning services designed to foster responsible parenthood. Through its National Health Plan operating at the local level, the Government hopes to cover the 36 per cent of the population not currently covered by health care services. Emphasis has also been placed on its Plan of Feeding and Nutrition and on integrated rural development.

Levels of emigration are considered to be too high and the Government's policy is to attempt to limit the emigration of its nationals. The current development plan seeks to bring about a more equitable distribution of population and economic activity in various regions through programmes of industrial and administrative decentralization, constitutional reform and the development of intermediate cities.

COMOROS

The Government has indicated the need for a population census in order to plan for the economic and social development of the country and that such a population census is a first priority for any economic and social planning. Although the level of fertility is considered to be too high, at the present the policy is one of non-intervention. There is some concern at the level of emigration which is quite significant. Although there is dissatisfaction with the spatial configuration of the population, the Government would like to maintain the flow of migrants from rural to urban areas.

CONGO

The Government has indicated that the anticipated medium-term population size will be smaller than that which is considered necessary or desirable if all the known or perceived physical resources were to be utilized. Its view is that the levels and trends of population growth and fertility rates are satisfactory, but that some spatial distribution of the population, in addition to some societal restructuring may be necessary. The level of international migration is considered to be satisfactory and not significant.

COSTA RICA

In 1978, the Costa Rican Government committed itself to formulating a population policy aimed at improving the level of well-being of the population, increasing levels of production and employment, and achieving a more equitable distribution of income. As a result, through a Presidential Decree of 16 August 1978, it established the National Population Policies Commission, assigning it the specific task of defining and directing the country's overall population policies. It has been the view of the Government that it is the right of all individuals and couples

to decide freely and responsibly about the number and spacing of children, and that it is the duty of the Government to provide them with the appropriate means. Both the Ministry of Health and the Social Security System (CCSS) provide family planning services at all their hospitals and sanitary units throughout the country; such services are also available through the Costa Rican Demographic Association (ADC). As a result of dissatisfaction with the spatial distribution of the population, the Government desires to decelerate the flow of migrants from rural to urban areas and to adjust the urban-rural configuration. International migration is insignificant and is not considered to be a problem.

CUBA

The Government has defined its population policy, recognizing a close relationship between economic, technological-scientific development and human reproduction. The most appropriate policy with respect to rate of natural increase is considered to be one of allowing it to be determined by the impact of socio-economic changes upon the individual decisions of parents, and upon improvement in levels of mortality, particularly among infants. Consequently, current trends in natural increase and fertility are considered to be satisfactory. Family planning services are fully integrated within the health care services and are designed to contribute to maternal and child health and family welfare. Spatial redistribution of the population and technological and organizational change are viewed as the most appropriate means of resolving problems to which demographic trends may have contributed. Urbanization policies have been implemented to stop excessive growth of the capital city and to develop new industrial centres such as Nuevitas and Cienfuegos. The level of international migration is not significant, and is considered to be satisfactory.

CYPRUS

In the early 1970's the Government had indicated that the anticipated medium-term population size in relation to anticipated absorptive capacity of the society would not constitute problems per se, that the levels and trends of population growth were satisfactory and that the fertility rates were also satisfactory. Recently, however, the Government changed this view and now considers its rate of population growth as unsatisfactory because it is too low. The policy towards emigration is one of decreasing the level because it is perceived as being too high. It is felt that as a consequence of decelerating the flow of migrants from rural to urban areas, the spatial configuration of the country can be altered alleviating some of the problems associated with rapid urbanization. In addition, the

Government places importance on the issue of refugees, as it has brought about changes in the demographic structure and spatial distribution of the population.

DEMOCRATIC KAMPUCHEA

The last known Government statement to have been made concerning population was the following in 1977: "There is no reason for the Government of Democratic Kampuchea to reduce the population or to maintain it at its current level, since today's population of 8 million is well below the potential of the country, which needs more than 20 million. Accordingly, the goal of the Government is to increase our population as quickly as possible".

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

In 1979 the Government identified mining, foreign trade, transportation and the elevation of the living standards of the people as areas for special emphasis in the Seven Year Economic Plan (1978-1985). There is a desire to maintain the level of fertility which is considered to be satisfactory. The level of international migration is viewed as not being significant, while the spatial distribution of the population is perceived as being inappropriate, requiring an adjustment of the urban and rural configurations.

DEMOCRATIC YEMEN

The Government considers that overall socio-economic development programmes, with basic restructuring of the economy and society, are essential in resolving not only current problems but also in bringing about future harmony between demographic and societal trends. The Government has indicated that its anticipated population size is satisfactory, that the levels and trends of its population growth are satisfactory and that its fertility rates are satisfactory. Its principal concern is the reduction of morbidity and mortality. However, it recognizes that an anticipated gradual decline in fertility will be necessary in order to decelerate natural increase and to improve the rate of economic growth. The Government has changed its policy on emigration and is now attempting to discourage it in order to face the challenges of a manpower shortage. Redistribution of population is

mainly at the local level through agrarian reform and general rural development intended to bring about sedentarization of the nomadic populations. In addition, there is a desire to relocate fisherman in larger coastal villages in order to exploit available fish-wealth.

DJIBOUTI

The Government of Djibouti considers the rate of fertility to be satisfactory. One of the first major problems confronting the country upon achieving independence in 1977 was the influx of refugees from neighbouring countries; an estimated 50 per cent of these are children. The refugees have severely taxed the resources of the country which has to import all its fresh food supplies. With assistance from various international organizations, refugee camps have been established in the villages of Ali-Sabieh and Dikhil near the border to provide food, shelter, transport, medicine and education. In addition, a pilot "resettlement scheme" is in effect. The spatial distribution of the population is considered inappropriate and there is a desire to reverse the flow of rural to urban migration.

DOMINICA

Dominica, in common with the other Windward Islands, faces the prospect of increasing population growth rate in the near future due to the young age structure of its population and the large number of women reaching the reproductive ages. The Government is aware of this and, in view of increasing restrictions on emigration, supports family planning and has issued a policy statement indicating the acceptance of family planning as an integral part of maternal and child health services.

DOMINICAN REPUBLIC

The current goal of the Dominican Government to reduce the rate of population growth by decreasing the fertilty rate is viewed as a component of an overall development strategy, rather than as a single objective. The National Helath policy aims at expanding coverage of services to the rural population, reducing the morbidity and mortality of children under five years of age and bringing about regional self-sufficiency. At present, there is a policy of limiting emigration because the level is considered too high. In addition to its attempts at

rural development as a means of modifying patterns of spatial distribution, the Government has made some attempts at relocating important industries outside the metropolitan centre, through such measures as the Industrial Incentive Law which provides special benefits to industries which locate in areas other than Santo Domingo.

ECUADOR

Under the new Constitution (published in March 1978), the State supports responsible parenthood and appropriate education for the advancement of the family, including a guarantee of the right of parents to have the number of children they can support and educate. The Constitution also establishes a National Development Council, which, among other responsibilities, is to establish the population policy of the country within the social and economic guidelines, for solution of national problems, in accordance with the principles of respect for the sovereignty of the State and the self-determination of the parents. The Government has not formulated a specific policy with respect to the rate of demographic growth since it considers that the population process must not be isolated from the integral process of socio-economic development and that population policy cannot be a substitute for short-term structural reforms. At present, the Ecuadorian Government considers the rate of fertility and natural increase to be satisfactory. Policies and programmes for regional and rural development aim to bring about a redistribution of population and to resolve problems in relation to population growth. Because the level of immigration is considered to be too low, there has been an attempt to attract migrants from abroad.

EGYPT

The Egyptian Government has based its population policy on the "development approach to population problems' which is defined in terms of its four major interrelated aspects: growth, distribution, characteristics and structures. Developed on the basis on this definition, the new policy intends to affect the population problem by dealing with these four aspects simultaneously. Furthermore, education, increased participation of women in the labour force, agricultural urbanization, rural industrialization, improved social security, general improvement in the socio-economic status of families and reduction of infant mortality are all seen as essential programmes in support of the effective expansion of population policy. By 1982 it is hoped that the country will achieve a population growth rate of 1.1 per cent per year and a crude birth rate of 24 per 1000. For the period 1975-1980 the growth rate is estimated to be 2.6 per cent and the

birth rate 39 per 1000. Recently, Government officials have urged intensification of the country's family planning programme and indicated that programmes are being planned to increase primary education, raise age at marriage and provide employment for women. In addition, the pressure of population on the Delta and Nile strip is being relieved by creating new settlements in the desert areas and new cities in the north. The export of labour to other Middle Eastern countries is looked upon as a means of reducing pervasive unemployment, while the remittances sent by the migrants are considered important in helping to alleviate the shortage of foreign exchange.

EL SALVADOR

The Government has incorporated a national population policy into its global strategy of development. Its Integrated Population Policy (PIP) emphasizes the need to promote employment opportunities, to improve nutritional standards, to reduce morbidity and mortality, as well as to reduce fertility, improve the spatial distribution of the population and to increase the participation of women in development. The Ministry of Health and Public Welfare includes family planning within the scope of its national health objectives and has built a network of public health centres for the delivery of maternal-child health and family planning services. Its development plan for 1978-1982 includes the Integrated Population Policy as one of 51 strategic projects. The Government has recently moved to a position of acknowledging that the level of emigration is unsatisfactory because it is too low and it has adopted an explicit policy to promote the emigration of its nationals.

EQUATORIAL GUINEA

The last known Government statement concerning population was made in 1978 and indicates that the Government of Equatorial Guinea considers the rate of natural increase and fertility rate to be unsatisfactory because they are too low. Considerable efforts have been made to strengthen the health network, particularly at the district level, where a number of new hospitals have been built. Efforts are underway which may lead to the future creation of a national programme of primary health care. There is a desire to reverse the flow of migrants to urban areas in order to improve the spatial distribution of the population

ETHIOPIA

The Government perceives the current rate of population growth and anticipated population size to be satisfactory in relation to the substantia under-utilized natural resources of the country and to the opportunities for improvement in productivity with technological and organization progress. The principal population problems is considered to be the high levels of morbidity and mortality, and the need for reorganization of the rural economy, including local redistribution of population. Although no recent statement has been made on the desirability of expansion of the family planning services previously provided, it appears that a programme having as its objectives maternal and child health, family welfare, and a contribution to the modernization of the status of women would be considered acceptable. The movement of people from drought stricken areas has increased the number of settlement schemes and new areas have been brought into cultivation in Wollega, Illubabor and Kaffa Administrative Regions. International migration is not seen as posing any problems because of its insignificant level, although concern has been expressed over the problem of refugees.

FIJI

Fiji's Seventh Development Plan 1976-1980 states: "Increases in the national income are offest by advances in population growth, and while it is the Government's policy to improve the average level of welfare, it must at the same time maintain the rate of growth of the population within acceptable limits. It is thus that a general policy of limiting population growth to 2 per cent per annum has been proposed. Although this target has been met fairly easily in the past, it has been achieved with a high level of emigration. While emigration reduces population, it also is a drain of skilled labour which must affect in turn the level of production, and also income. To keep the rate of natural growth as low as possible will increase welfare, but population growth that is held down by emigration will not". The Government follows a policy of decreasing immigration and reducing emigration to stem the outflow of skilled personnel. To this end, bilateral agreements have been concluded with neighbouring countries and the promotion of better working conditions locally is encouraged. Because of dissatisfaction with the spatial distribution of the population, there is an attempt to decrease the level of migration from rural to urban areas.

GABON

The Government has indicated that its population size in the medium-term is too small and that the levels and trends of its population growth and its fertility rates are unsatisfactory because they are too low. The principal problems are perceived to be the high levels of morbidity, mortality and sterility. Provision of adequate health services, and in particular maternal and child health services, is considered of the highest priority. Achievement of desired size of completed family is to be made possible by provision of such health services, supported by family and social welfare services and payments. Although the Government has signed agreements with several neighbouring countries to permit nationals of these countries to work in Gabon, concern has been expressed over the growing number of refugees residing in the country. The Third Development Plan (1976-1980) allocated considerable sums of money to rural development, the object being to limit rural exodus, for labour shortages in some areas have been so acute that former plantations have been unworkable.

GAMBIA

Although there is no expressed Government population policy, the Ministry of Health, Labour and Social Welfare has included a programme to integrate family planning with the Government's Maternal and Child Health Services in its 10-year Health Plan, which is highlighted in the first national development plan by the Ministry of Economic Planning and Industrial Development. The Ministry of Health, Labour and Social Welfare is currently drafting a policy to integrate and promote family planning and maternal and child health on a country wide scale. Government officials have expressed great concern over the country's infant mortality and morbidity rates and have stated that family planning is an important element in the country's development. International migration is not seen as a problem, because of its insignificant nature. The Government would like to decelerate the flow of migrants from rural to urban areas, while maintaining the present urban and rural configurations.

GHANA

In "Guidelines for the Five Year Development Plan (1975-1980)", the Ghanaian Government emphasized its view that a high birth rate is a health constraint and that the health of the people of this country is one of the primary requirements for economic and social development. As part of the basic health services, environemtnal health, nutrition education,

community and school health education, communicable disease control, maternal and child health services and family planning will be emphasized. The 1973-1978 Five-Year Plan stipulates a target to reduce the population growth rate form about 3.9 per cent in 1970 to 1.8 per cent by the year 2000. There are many organizations in the country that are actively involved in promoting family planning objectives and family planning services are available to all, regardless of age, number of children or ability to pay. In order to bring the disadvantaged groups in areas into the mainstream of national development, the Government has adopted the concept of Growth Pole, a strategy that aims at transforming characteristically rural regions of Ghana into a rural-urban continuum. Presently there is a desire to limit the substantial flow of immigrants into the country.

GRENADA

Concerned about the implications of increased population on employment, housing, nutrition, etc., the Government issued a policy statement in May 1974, which set forth the right of the individual to have access to knowledge and means of regulating family size and which noted that family planning should henceforth be considered an important component in the country's development. At last report, a Maternal Child Health and Family Planning component was to be included in a five-year development plan being prepared by the Government. This programme had not yet been implemented. There is dissatisfaction with the spatial distribution of the population and there is an attempt to decelerate the movement of migrants to urban areas and to readjust the urban and rural configurations. While the level of emigration has been significant, no effort has been made to limit it.

GUATEMALA

The Government acknowledges the existence of short-term problems associated with a relatively high rate of fertility and natural increase and that these rates constrain the process of national development. The Government reported that as of 1978 it was studying the relationship between demographic levels and trends and economic and social variables. The General Secretariat of the National Planning Council is implementing a project with United Nations assistance to deal with demographic variables in the planning process in order to arrive at a specific policy for the treatment of demographic problems. Principal concerns of the Government are reducing morbidity and mortality and improving the spatial distribution of the population. The national family planning programme

is operated jointly by the Ministry of Health and the private Family Welfare Association, an IPPF affiliate. The Ministry provides services as an integral part of maternal and child health care in its rural health centres, while the association offers services in clinics in the capital. International migration is considered to be not significant and satisfactory.

rural

GUINEA

The Government has indicated that the anticipated medium-term population size will be smaller than that which is considered necessary or desirable if all the known or perceived physical resources are to be utilized. It has, therefore, a policy of increasing fertility rates of the population. The Government has expressed its interest in population education (a project for the production of films on health and sex education is underway), as well as family health, including child-spacing for the health of mothers and children. The principal concerns are with reduction in morbidity and mortality, and reduction of substantial emigration to adjacent countries. At present the country is pursuing a policy of urban development, which has as its long-term objective the diminution of disparities in regional development.

GUINEA-BISSAU

The Government's principal concerns with respect to population are improvement in its knowledge of the demographic situation (and especially the census planned for 1978 which will be used as a basis for future development planning), rapid reduction of high levels of morbidity and mortality and achievement of a pattern of spatial distribution of the population appropriate to its development goals. It has given high priority to the achievement of satisfactory levels of maternal and child health and has established rapidly expanding services for this purpose, supported by programmes in nutrition, environmental sanitation, safe water provision and basic education. It is currently preparing for the establishment of a pilot programme for the integration of child spacing within maternal and child health services. The level of international migration is considered to be not significant and satisfactory.

GUYANA

The Government considers levels and trends of population growth to be satisfactory, although it has indicated that its considerable unused physical resources might well make its present population growth too low. It considers present and prospective fertility rates to be satisfactory, and permits the provision of family planning services by a private organization. It has a policy of increasing immigration while maintaining levels of emigration. In recent years, in an attempt to reverse the flow of population out of rural areas and to stimulate agricultural development, the Government has encouraged potential farmers to settle in the interior and has offered incentives.

HAITI

Successive Haitian development plans have referred to the problems of the relationship between the country's population growth and the availability of cultivable land. The objective of the Government is to develop family planning services within the overall framework of improved maternal and child care under the co-ordination and administration of the Division of Family Hygiene within the Department of Public Health and Population. The UNFPA is assisting the Government in implementing its family planning and maternal and child health programme. There is a desire to decrease the level of emigration of qualified personnel which continues to be substantial. In order to ameliorate some of the conditions associated with an inappropriate spatial distribution, there has been an attempt to decrease the flow of migrants to the metropolitan centre.

HONDURAS

Although the development plan of the Honduras Government does not consider demographic objectives explicitly, its general objectives have numerous implications for population policy. Integrated development is viewed as a means of improving the quality of life, especially of the rural population, of increasing employment opportunities, and of achieving a more equitable distribution of income. Under the national health policy, family planning is considered an integral part of the maternal and child health programme. Couples are guaranteed freedom of access to family planning information and services, as well as the opportunity to determine the number and spacing of children. Rates of natural increase, are considered to be satisfactory since levels of mortality remain high, and the country's natural resource potential is considered adequate to support anticipated future population. The Government considers that continuing

high rates of infant mortality demonstrate a real need for the provision of maternal child health and family planning services. An attempt has been made to decrease the substantial level of emigration. Although there is dissatisfaction with the spatial distribution of the population, there is no policy to adjust either the urban or rural configuration.

INDIA

The Government has stressed its commitment to solving the country's population problem and to lowering population growth and fertility rates which are considered excessive. In 1977, the population policy was modified to eliminate all forms of compulsion in the family planning programme and to make it a family welfare programme embracing all aspects of family welfare, and in particular, maternal and child health, nutrition, female education and women's rights. The policy envisages the involvement of a variety of voluntary organizations, including trade unions, co-operative societies, women's organizations and local bodies. In 1978, a law was enacted fixing the minimum age for marriage at 21 years for males and 18 years for females. While the draft of the Sixth Five-Year Plan (1978-1983) sets a national birth rate target of 30 per 1000 to be achieved by 1983 and a rate of 27 per 1000 for the period 1986-1991 it is possible that these targets may be revised upward. The birth rate was estimated to be 37 per 1000 for the period 1975-1980. A lack of adequate medical and health services, particularly in the rural and tribal areas, is recognized and in this context a Rural Health Scheme has been initiated. The Indian Government has a policy of adjusting the internal distribution of population through slowing down the rate of growth of metropolitan areas and cities, while simultaneously increasing the rate of growth of small and medium towns. The proposed two-pronged action is to improve infrastructural and other facilities in small towns and to restrict growth of population in the larger urban conglomerates. International migration is viewed as being not significant and satisfactory.

INDONESIA

The primary objectives of the Indonesian Government's population policy is to lower the birth rate through family planning programmes and to achieve a redistribution of the population. In the 1978 guidelines for State Policy, priority is given both to the expansion and intensification of family planning-so as to control Indonesia's population growth and create a prosperous family-and to a more appropriate distribution of population by means of transmigration, as a means of promoting the equal distribution

of development activities. The long-term goal of the national family planning programme is to reduce fertility levels by 50 per cent in the period 1976-2000. Within this context, there has been developed a medium-term strategy through the end of the third national five-year development plan in 1983-1984. The objective of the programme in this period is to reduce fertility, expressed as a reduction of the birth rate, from about 44 per thousand population in 1970 to 34 per thousand in 1984. The much higher levels of contraceptive use implied in these goals in reflected in a change of the programme strategy which now gives increased attention to the institutionalization of the small family norm as an integral part of all organized development activities. In addition to promoting fertility decline, the Government is giving increased attention to both sponsored and spontaneous transmigration to relieve, at least partially, the additional pressures of further population increases on Java and Bali which is one of the most densely settled agricultural regions on earth. International migration is viewed as being satisfactory and not significant.

IRAN

The Government views its population problem in the context of the total development process. Reducing income inequalities among various sectors of society, improvement of occupational alternatives and the quality of work, urbanization, the status and education of women and the development of religion are considered the most significant incentives that can be provided for influencing individual fertility behaviour. In the five-year development plan, 1978-1982, the Government set a target to reduce the population growth rate from 2.6 per cent in 1977 to 1.9 per cent by the end of the plan period. In addition, legislation has been enacted to fix the age of marriage at 18-20 for males and 16-18 for females. Recently, there have been indications that family planning would be modified into an educational programme which stressed non-chemical methods of contraception. Dissatisfaction with the spatial distribution of the population is expressed by the desire to decelerate the flow of migrants to urban areas and to readjust the urban and rural configuration. The level of international migration is perceived as satisfactory and not significant.

IRAQ

In the context of very substantial natural resources and rapid economic expansion, the Government considers that the present and anticipated high rate of natural increase is satisfactory. It intends to raise fertility,

rapidly reduce morbidity and mortality, bring about an improved pattern of spatial distribution of population, secure the return of qualified citizens currently resident abroad, and encourage immigration from other Arab countries. High priority is given to comprehensive family health programmes. In 1978 in an amendment to the Law of Personal Status, the minimum age of marriage was set at 18 years of age for women. From the mid-1970's substantial programmes for comprehensive regional development were undertaken including stimulus for the growth of regional and sub-regional urban centres, and the provision of infrastructure and services in rural areas.

ISRAEL

The Government of Israel adheres to a pronatalist position and thus considers the rate of population growth, rate of natural increase and fertility rate to be unsatisfactory because they are too low. It is felt that each family should aim at having the maximum number of children that it can raise with the support of the State. The Government is actively encouraging immigration, and provides for all Jews the right to settle in Israel. As a result of the large influx of immigrants, new towns have been established throughout the country, in order to provide housing and work for the new arrivals. The creation of these development towns is also seen as a means of relieving overcrowding in large cities and generating an interaction between small rural settlements and urban areas.

IVORY COAST

The Government considers that its anticipated population is satisfactory but also that its considerable unused physical resources might make a judgement of "deficient" necessary at some time in the future. It perceives the levels and trends of its population growth as satisfactory as well as its fertility rates. The principal population concerns are a reduction of morbidity and mortality and an improvement in the pattern of spatial distribution of population. Projects in the field of family life, population education and sex education are being undertaken under the auspices of the Ministries of Female Promotion and Education. Faced with serious regional disequilibrium, the Government is attempting to achieve a more rational partitioning of wealth and population by encouraging the growth of secondary cities as a way to decelerate the expansion of the capital city. There is a desire to decrease the substantial level of immigration into the country.

JAMAICA

The Government has indicated that its anticipated population size is excessive and that levels and trends of population growth are unsatisfactory because they are too high. As a means of resolving its population problem, the Government established a National Family Planning Board as a policy formation body which is vested with full statutory responsibility for family planning. Under the direction of the Jamaican Family Planning Board, the Government has established a network of clinics which offer family planning services, in addition to providing contraceptives through commercial outlets. Because of substantial levels of emigration, the present policy is to decrease the number of emigrants. In order to improve the spatial distribution of the population measures have been undertaken to decelerate the flow of migrants into urban areas and to adjust the rural configuration.

JORDAN

The Five-Year Plan (1976-1980) places great emphasis on the role of population factors in development planning so as to ensure the most effective use of the country's material and human resources, and to provide the growing population with food, schools, health facilities, employment and housing. Although the Government acknowledges that current rates of fertility are too high, it has not adopted a policy of intervention to reduce it. In 1979 the country officially began a child spacing programme which has its aim to improve the standard of health for both mother and child. Priority is also being given to reduction in overall levels of morbidity and mortality and achievement of an improved pattern of population distribution. As a result of the large influx of refugees and displaced persons, the density of urban and rural areas has been greatly intensified. Comprehensive socio-economic development programmes include support for rural sectors, notably within regional development programmes of which the Jordan Valley Authority is a major example. As a result of serious brain-drain problems caused by substantial numbers of Jordanian professionals and technicians working in other Arab countries, the Government would like to limit the flow of emigrants.

KENYA

The Government's policy of reducing the rate of population growth primarily through decreasing fertility has as its objective the creation of a better balance between population growth and economic development. The aim of

the national family planning programme is to make family planning information, education and services available on request, through free clinics in all Government hospitals and health centres. The programme is closely linked with the maternal and child health programme, and includes provision of assistance to couples with infertility problems. The target is to reduce the population growth rate from an estimated 3.9 per cent a year during the period 1975-1979 to 3.0 per cent by 1980 and 2.8 per cent by the year 2000. During the period 1978-1983 greater emphasis is to be placed on "delivering the message" through improved co-ordination of activities and improving administration and organization. Through rural health programmes and the basic needs approach, the Government plans to reduce maternal mortality by 46 per cent and infant mortality by 30 per cent by the year 1984. In order to achieve a rural-urban balance, it is proposed to divert a large part of the available resources in the next five years for the development of Western Kenya, a region which has a large share of out-migration to Nairobi and Mombasa. International migration is perceived as being satisfactory and not significant.

KUWAIT

The Government has stated that its population policy is based on the identification of the most suitable population size that will meet the requirements of an expanding economy and that population size is the dominant factor in development planning. There is a desire to increase the rate of natural increase which is considered to be too low. While no family planning programmes are known to exist, contraceptive supplies are available commercially. A free comprehensive health care programme has been established with emphasis on the expansion and improvement of health services throughout the country. Although problems associated with a large immigrant population have been acknowledged, the present policy is to maintain the significant level of immigration in order to relieve manpower shortages within the country. In order to resolve problems of overcrowding in Kuwait City and other urban centres, projects are being undertaken to expand existing urban centres and to construct new ones.

LAO PEOPLE'S DEMOCRATIC REPUBLIC

The Government considers that population size is too small in relation to natural resources, and that levels of fertility and natural increase are too low. Government officials have observed that there is "much empty land" in the country and that a larger population is needed to

develop it. Previous family planning programmes have been discontinued and use of contraceptives banned. Priority is given to reduction of morbidity and mortality, including the constraints which poor health status exercises upon achievement of desired spacing of births and size of completed family. Redistribution of the population to permit better use of land resources, and improvement in the availability of demographic information are also considered important. The level of international migration is not perceived as being significant.

LEBANON

The Government recognizes that overall socio-economic development is best capable of resolving certain structural problems, making possible desirable demographic changes in the medium and long-term. The Government has indicated that total size of population and rate of natural increase were satisfactory but acknowledged problems associated with large families and inadequate spacing of children among certain groups of the population, as well as still high levels of morbidity and mortality and an inappropriate concentration of population in Greater Beirut. Although the immediate priority is national reconstruction, and no recent statements of population policy are known to have been made, the Ministry of Labour and Social Welfare and the Lebanese Army provide family planning services in their welfare clinics, and support is still given to the Lebanon Family Planning Association as a means of improving maternal and child health and family welfare. As regards international migration, the policy is one of maintaining the current level of immigration.

LESOTHO

The Government considers that fertility and natural increase are too high and has embarked upon "a cautious control of fertility to complement social and economic measures aimed at rapid increase of the national product". The objective of family planning programmes is to ensure that parents are given the education and facilities necessary to space and determine the number of children they wish to have. The aim is to reduce the rate of population growth from 2.4 per cent a year in the period 1975-1980 to 2.0 per cent a year. The Government is attempting to reduce still high levels of morbidity and mortality, and to prepare for the absorption of a considerably higher proportion of that part of the labour force which now emigrates to South Africa. For this purpose, a programme of labour intensive construction and an acceleration of overall development are being undertaken with special assistance from the United Nations system, There is a desire to maintain both the level of migration to urban areas and the present spatial configuration of the population.

LIBERIA

The Government recognizes the various implications of high population growth rates and its uneven distribution for the achievement of development objectives as stated in the 1976-1980 Development Plan. The Government supports a comprehensive health development policy, with family planning integrated into the existing maternal and child health services. In 1976, for the first time, the Government explicitly stated that its natural increase and fertility were too high. The current significant level of immigration is perceived as being satisfactory. There is an attempt to improve the spatial distribution of the population by decelerating the flow of migrants into urban areas and by adjusting the urban and rural configurations.

LIBYAN ARAB JAMAHIRIYA

The principal demographic concern of the Government is with improving health conditions, and particular emphasis is given to maternal and child health services. For cultural reasons principally, but also taking into account the anticipated continued severe shortage of manpower at all levels, the Government encourages at least the maintenance of the present level of fertility. Considerable attention has been given to achieving an appropriate distribution of population within the country, with limitation of excessive growth of the major cities. A substantial proportion of the labour force is immigrant , and this situation appears likely to continue for the foreseeable future.

MADAGASCAR

Although long concerned with certain short-term adverse aspects of high rates of fertility, the Government explicitly stated for the first time in 1976 that rates were too high. Although in general favourably disposed to inclusion of family planning programmes within the maternal and child health programmes, it considers that considerable caution is necessary, and that only limited action can be taken before appropriate research into attitudes and means is conducted. However, the Government continues its priority attention to reduction of morbidity and mortality, to improvement in the spatial distribution of population, and to improvement of information on demographic trends. It has established a separate Ministry of Population and Social Affairs responsible for its programmes in these fields, and a National Council on Population on which the Family Planning Association, the IPPF affiliate, is represented. The level of international migration is perceived as being satisfactory and not significant.

MALAWI

The Government has indicated that its anticipated population size is satisfactory while at the same time noting that it has considerable unused physical resources which might make its population size "deficient". It has also indicated that the levels and trends of its population growth are satisfactory and that its fertility rates are satisfactory. Family planning services are discouraged except within private practice, but the Government has recently substantially increased the priority given to maternal and child health services and preventive medicine in general. The Government would like to maintain the current substantial level of emigration. There is a desire to redress the country's regional imbalance in economic development and population distribution by stemming the tide of migrants to the cities.

MALAYSIA

The Government in pursuing a policy of adjusting demographic factors by trying to affect fertility through the family planning programme, stated in 1978 that it was satisfied with the trend of fertility in relation to natural increase. The Third Plan (1976-1980) stressed that the best approach to family planning was "to combine a strong programme with efforts to create the social, economic, cultural and political conditions conducive to the acceptance of a small family norm". The goal of the plan is to reduce the birth rate from an estimated 37.3 per thousand in the period 1970-1975 to 28.2 per thousand by 1980. The Government has acknowledged problems associated with an unequal distribution of natural resources and population and has given high priority to rural land development and resettlement schemes. Although the level of international migration is not perceived as being significant, increasing concern has been voiced over the influx of refugees into the country.

MALDIVES

The Government has been concerned principally with reduction of still high rates of morbidity and mortality, particularly by means of improved maternal and child health services, and with improvement in the availability of demographic information. The Health Ministry is presently making efforts to disseminate views on family planning to the community so as to foster a positive attitude towards the doctrine of a better standard of life with a smaller family. In 1978 the Government expressed satisfaction with the level of fertility. International migration is not perceived as posing any problems for the country. There is a desire to

improve the spatial distribution of the population by decreasing the level of migration to urban areas.

MALI

The Government considers that trends in fertility and natural increase are satisfactory and that the resultant future larger population will be appropriate in size, in view of the substantial under-utilized natural resources. Its principal concern is with the reduction of morbidity and mortality from currently very high levels. It has undertaken a programme of family planning within maternal and child health services as a means of reducing current morbidity and mortality constraints upon achievement of desired spacing of births and size of completed family, including reduction of problems of sterility and sub-fecundity. Although there is no desire to change the urban or rural configuration, the Government would like to reduce the number of migrants moving to urban areas. The levels of international migration are considered satisfactory.

MAURITANIA

The Government has indicated that its anticipated population size, the levels and trends of its population growth, and its fertility rates are satisfactory. From the early 1970's the provision of maternal and child health services has been given priority. The current principal concern is with reduction of still high levels of morbidity and mortality. Administrative controls are in effect regarding international migration. Expansion of urban population is considered desirable and sedentarization is encouraged.

MAURITIUS

The Government has indicated that its anticipated population size is excessive, and that the levels and trends of its population growth and fertility rates are unsatisfactory because they are too high. Development plans have stressed the fact that "the size of the population is an important factor on a small island in determining how habitable that island is going to be". As a result, the Government has officially adopted a policy and has established a family planning division in the Ministry of Health. The target is to reduce the gross reproduction rate from an estimated 1.5 in 1975-1980 to 1.1 by 1987. The Government has aided both the Mauritius Family Planning Association as well as Action Familiale, a Catholic organization. Some of the population policy objectives are improving the spatial distribution of the population and maintaining the level of emigration.

MEXICO

The Government of Mexico views population policy as a fundamental instrument for development, serving as a coordinating mechanism for its sectoral programmes. As set forth in its Regional Demographic Policy drafted in 1978, the official policy is to decrease population growth chiefly by modifying fertility, the target being a reduction of the growth rate from an estimated 3.2 per cent per annum in the period 1975-1980 to 2.5 per cent per annum by 1982 and 1.0 per cent per annum after the year 2000. These objectives are to be achieved by increasing employment, improving income distribution, restructuring the agricultural sector, providing primary health care, with emphasis on marginal areas and rural communities and improving access to family planning services. The Government's 1978 Regional Demographic Policy will attempt to adjust spatial distribution by inducements to retain population in certain areas and to channel migration towards new receiving areas, ensuring that no state grows at more than 4.5 per cent per annum. Although there is a continuing outflow of labour migrants, the Government has not formulated a policy to modify emigration trends.

MONGOLIA

The Government views population policy as essential for providing adequate manpower for utilization of the country's resource potential, leading to an achievement of national development objectives. The Government has consistently maintained a policy of encouraging higher rates of natural increase by means of reduction in morbidity and mortality, and

removal of related constraints upon the achievement of desired spacing of births and size of completed family. Women are supported by means of a comprehensive series of health and social programmes designed to subsidize the costs of child-bearing and child-rearing while actively engaged in the labour force. While very considerable success has been achieved in reduction of morbidity and mortality, early attainment of levels normal in developed countries is given high priority. Considerable attention is given to achieving a spatial distribution of population appropriate to the development objectives of the country, by encouraging movements of population from rural to urban areas and developing second order centres as industrial complexes. The 1978 policy is to maintain the low level of immigration through special contractual arrangements for temporary immigration only.

MOROCCO

Recent statements by Government officials have indicated that the country's annual growth rate is placing burdens on the family and the State and that it is the Government's duty to find a solution for a grave situation which threatens the socio-economic equilibrium of the country. Family planning is being stressed by establishing programmes to inform, educate and motivate the population to practice voluntary family planning. It is the goal of the Government to increase the number of health centres from 200 to 300 and to establish a family planning reference centre in each of the country's 25 provinces. Current measures to reach rural population include the development of basic infrastructure, maternal child-health centres and training and education of health personnel. The Government has also reported a policy of decentralization and regionalization involving the creation of growth poles and the development of agricultural and industrial activity in rural zones. There is a desire to maintain the substantial level of emigration.

MOZAMBIQUE

In February 1977, the Third Party Congress of the People's Republic of Mozambique, stated that "it is the concern of the Party to preserve and continually improve the immense revolutionary capital constituted by the health of the masses". The actions being applied comprise the extension of the structures and benefits of the National Health Service to all corners of the country with priority being given to preventive medicine, including nutritional education, environmental health, mother and child health care and family planning services and the fight against avoidable diseases. The Government while considering the level of

fertility satisfactory, recognizes the importance of family planning in the creation of family health and an interval of time of at least two years between a birth and another conception will be promoted, and couples provided with educational materials and contraceptives to effect this spacing of their children. The Government is attempting to resolve some of the problems associated with an inappropriate spatial distribution by reversing the flow of migrants from rural to urban areas and readjusting the urban and rural configurations. There is a desire to maintain the level of international emigration which is considered significant. In addition, there is some concern regarding the influx of refugees that are causing a considerable strain on the health facilities of the country.

NAURU

The rate of population growth and the fertility rate are considered satisfactory and there is a desire to maintain the significant level of immigration. The spatial distribution of the population is perceived as being appropriate, thus not necessitating any change in the urban or rural configuration.

NEPAL

The Government views population policy as essential in order to raise the living standards of the population, to provide adequate education and health services and to increase employment opportunities. The official policy is to decrease fertility, control international migration and modify spatial distribution with the greatest emphasis being placed on socio-economic restructuring. A target has been established of reducing the population growth rate from an estimated 2.3 per cent per annum during 1975-1980 to 1.0 per cent by 1985. To achieve this population policy, the following policies are being implemented: to diminish the birth rate through direct preventive measures such as a maternal/child health and family planning project as well as indirect measures such as economic, social, cultural and educational development and reform and to this end, to systemmatically involve the various sectors in population programmes; to check immigration into Nepal from foreign countries; to control existing migration patterns from rural to urban areas and from rural to rural areas; to increase the density of population in the agriculture areas through the most reasonable distribution and redistribution of the population; and to develop small towns in the selected areas where there are now no towns. The development of small-scale industries in non-urban areas is also encouraged in order to aid in redistribution of the population.

NICARAGUA

The last known Government statement concerning population was made in 1978 and indicates that although the Government views current rates of fertility and natural increase to be too high, it considers that the most appropriate manner of resolving associated problems is overall economic and social development. Its principal population concern is with high levels of morbidity and mortality, and it has assigned priority to the expansion of health care services. Family planning services are provided within public health services and by the Social Security Institute, and the Government supports the activities of private organizations such as the Moravian Mission Group and the Asociación Demográfica Nicaraguense, the IPPF affiliate. The principal objective of such provision is improvement in maternal and child health and family welfare. The level of international migration is considered to be satisfactory and not significant. There is a desire to improve the spatial distribution of the population by decelerating the movement of migrants from rural to urban areas, while maintaining the present urban and rural configurations.

NIGER

The Government sees little need in adopting a policy regarding population size and fertility in view of the fact that the country's level and trends of population growth are satisfactory. However, it attaches first priority to the reduction of morbidity and mortality and to this end the health delivery system is being expanded and preventive mass health care introduced. The National Development Plan, 1979-1983 reserves a large budgetary allocation for the strengthening of maternal and child health care to reduce infant and maternal mortality, promotion of child spacing and encouragment of marriage at later age. While the spatial distribution of the population is considered inappropriate, the policy is to maintain the flow of migrants from rural to urban areas. The level of international migration is not perceived as being significant.

NIGERIA

The Government has indicated that the levels and trends of its population growth and its fertility rates are satisfactory. While the Government does not have a declared policy on family planning, it recognizes the relationship between population growth and development objectives. Family planning is being offered in order to improve the overall health of the population, rather than to achieve demographic goals. Within the framework of the National Basic Health Programme, encouragment is being

given to child spacing activities and it is Government policy to view all existing maternal and child health and family planning projects as pilot schemes for eventual replication and integration into the Basic Health Programme. However, the principal concerns currently are with reduction of morbidity and mortality, and with spatial distribution of the population, notably by means of the establishment of a new federal capital at Abuja. International migration is considered not to be significant and satisfactory.

OMAN

The Government considers its natural increase to be too low. The Government places special emphasis on raising the standard of living through economic development and social planning. Its major concern is the development of population statistics to provide a basis for such planning and to provide a basis for planning for social and health services. Increasing importance is being placed on the provision of basic health services in both urban and rural areas. Family planning is permitted but the demand for such services is not considered to be significant and no national programme is planned. Rural modernization, involving local distributional adjustments and inducements for sedentarization of the population is underway. There is a desire to maintain the significant level of immigration in order to relieve the labour shortage within the country.

PAKISTAN

The reduction in the growth rate of the population is one of the objectives of the Fifth Five-Year Plan (1978-1983) because it "will serve the twin objectives of increasing the nation's capacity to save and to invest and improving the per capita availability of goods and social services. Spacing children and limiting family size will serve the important objective of improving the health of the mother and children". The target is to reduce the growth rate from 2.9 per cent in 1978-1979 to 2.5 per cent in 1982-1983. Measures implemented to decrease fertility levels are the integration of the Population Planning Programme into an expanded health infrastructure, wider distribution of contraceptives and increasing female participation in the labour force. In order to reduce the crude death rate from 14.0 per 1000 in 1978 to 10.2 per 1000 in 1983 and infant mortality from 105 per 1000 in 1978 to

79 per 1000 in 1983, the Government is shifting its emphasis from curative to preventive measures, focusing primarily on associated community developments. Although the present trends and levels of emigration are considered satisfactory, highly trained professional personnel now must obtain a "no objection" certificate from concerned ministries when going abroad. Policies are in effect to alter the spatial distribution of the population by integrating rural and urban development, increasing agricultural production and implementing an industrial location policy.

PANAMA

The Government considers its rate of population growth to be satisfactory and does not consider that there is a need for intervention to modify fertility or population growth, although it has acknowledged that its broad complex of development policies will affect demographic variables. Policies of distribution and participation, economic growth and regional development are expected to have an indirect effect on population growth. Health-related policies constitute an important part of the overall development strategy, and are oriented towards preventive, primary health care to reduce regional and socio-economic differentials. The target is to reduce infant mortality from 31.5 in 1975 to 18.8 per 1000 live births during 1976-1980. In its current development plan (1976-1980), the Government announced a set of measures to adjust the spatial distribution of the population. These measures include decentralization of the public sector, rural development and regionalization of sectoral programmes. The levels and trends of international migration are considered satisfactory and not significant.

PAPUA NEW GUINEA

The Government has stated its intention to formulate a population policy regarding population growth in line with its National Development Strategy which states that the Government recognizes the need to examine all longer-term implications of population growth. The proposed population policy will be designed to indirectly modify fertility. A Family Planning Programme is underway, the main aims being to ensure the well-being of families and to promote responsible parenthood. The Government is also concerned with the problem of unevenly distributed population between urban and rural areas; policies to deal with this include programmes of rural development and urban planning. The level of international migration is considered not significant and satisfactory.

PARAGUAY

While the Government has indicated that its anticipated population size will be too small in relation to its resources and that levels and trends of population growth are not satisfactory because they are too low it also maintains an official family planning programme for health and welfare purposes. An objective of its National Development Plan for 1977-1981 is to achieve a level of population growth which is conducive to capital formation, while bringing about a better distribution of social welfare. The Government's principal population concerns are reduction of continuing high levels of morbidity and mortality, achievement of a more appropriate distribution of population within national territory and reductior in current substantial emigration to adjacent countries.

PERU

In August 1976 the Government issued a national population policy, "Guidelines for a Population Policy in Peru", which forms part of its 1975-1978 Development Plan. The announced objectives of the policy are to achieve a rate of population growth that contributes to the effectiveness of efforts to reach higher levels of human development, ant that is consonant with free decisions regarding family size that take into account parents' duties to their children and to society; to achieve a significant reduction in morbidity and mortality, especially among mothers and children; and to achieve an improved spatial distribution of the population. Although the Government has not identified fertility as an area of demographic behaviour requiring intervention, and has emphasized its refusal to set quantitative targets, it considers that fertility and population growth will reach a satisfactory level as a result of combined governmental and individual efforts. It considers that it is the role of the Government to bring about structural change and to create a national environment in which families will be able to exercise free option with respect to family size. Family planning services are again being provided in Government clinics, but only in high risk medical cases after having been stopped completely for a period of time. International migration is considered to be not significant and satisfactory.

PHILIPPINES

The Government of the Philippines considers it the responsibility of the State to achieve and maintain population levels most conducive to the national welfare and has made efforts to integrate population and

development targets in the various development plans of the country. The official policy is to decrease levels of fertility so as to lower population growth and improve family well-being by adjusting social and economic factors, integrating family planning with other development activities and use of tax incentives. The Five-Year Development Plan, 1978-1982, aims to reduce the population growth rate from 2.5 per cent in 1978 to 2.3 per cent in 1982 and further downward to 2.1 per cent by 1987. In order to reduce the crude death rate from 10.5 in 1974 to 8.8 by 1987 and to increase life expectancy from 60 years in 1977 to 64 years by 1987 efforts are being concentrated to integrate and improve health, nutrition and family planning services and to reorganize and upgrade primary health care and preventive and curative services. While the level of international emigration is not considered significant by the Government, it has attempted to limit the outflow of trained manpower with programmes designed to increase employment oppotunities and enhance the working conditions of specialized manpower. Policies are in effect to adjust the spatial distribution of the population by alleviating poverty and creating additional employment in the rural areas and developing an urban hierarchy which will give particular emphasis to the development of small and medium-size cities.

QATAR

The Government of Qatar considers the rates of population growth and fertility to be satisfactory. Concern has been expressed over the high levels of mortality and programmes have been implemented that emphasize health education and maternal and child health, the aim being to bring about a rise in average life expectancy to 70 years by 1985. Immigration is being encouraged to alleviate manpower shortages, the policy being to expand the areas of immigrant origin by means of bilateral agreements for immigration of a temporary nature. In order to improve the spatial distribution of the population, programmes are in effect that stimulate industrial growth in second order centres and encourage the sedentarization of nomads and concentration of dispersed rural populations.

REPUBLIC OF KOREA

The Government, concerned with high rates of natural increase and fertility issued a reformulated population policy in 1976. The policy employs a variety of approaches to gain support for its population policy, from direct government intervention in fertility behaviour through family planning programmes to indirect supports through intervention in the socio-economic environment. Specific measures employed are revision of

laws to discourage son preference and female discrimination, incentives and disincentives in the areas of public housing and health programmes and individual and corporate tax exemption. The target is to reduce the population growth rate from 1.8 per cent per year during the period 1975-1980 to 1.6 per cent per year by 1981. In an effort to curb rural-urban migration and to relieve acute socio-economic problems in metropolitan areas such as unemployment, the development of small and medium size towns is being promoted in such a way as to redirect the flow of migrants. Residential towns are being created around emerging industrial estates scattered throughout the country and a long-range programme for population dispersion is being formulated. Emigration is being encouraged and there is a desire to increase its already significant level.

RWANDA

The Government's second development plan, adopted in 1977, emphasized individual consciousness and collectivity with respect to dealing with demographic problems. The Government has indicated that its population size and rate of growth are too high and therefore has a policy of intervention to reduce the fertility rate, to increase emigration and to undertake development projects to better meet the health and nutritional needs of the population. A Government sponsored family planning programme is in existence with priority being given to the health and welfare aspects of the programme rather than its impact on the level of fertility. Emphasis is also being placed on rural development, including health delivery systems and development of sparsely inhabited zones.

SAINT LUCIA

The Government considers the present rate of population growth to be excessive and that efforts should be made to reduce it to a more satisfactory level. Because of the relatively high birth rate of 33.9 in 1977, plans are being made to intensify family planning activities so as to increase coverage, particularly among the 15 to 25 age group. To this end, the Government has approved the establishment of a Family Planning Programme within the Ministry of Health.

SAMOA

The Government, deeply concerned with high rates of natural increase and fertility, stated a specific goal in the first report of the 1975-1979 Economic Development Plan "to encourage planned family growth as a means to help reduce mortality and morbidity of mother and child". The Government is firmly committed to promoting family planning activities as a basic measure for the promotion of the health of the people and to facilitate the economic growth of the country. In order to decrease the significant level of immigration, it is permitted only on a temporary basis for workers and their families until the positions can be filled by trained Samoan citizens. In addition, there is a desire to decelerate the flow of migrants from rural to urban areas.

SAO TOME AND PRINCIPE

In 1977, a report of the United Nations stated that a census would be undertaken in the near future in Sao Tome and Principe in order to study the fluctuations in population brought about as a result of the political changes occurring in the country in recent years. The rate of population growth is considered satisfactory by the Government and the level of fertility is viewed as contributing positively to family formation. The official policy is one of provision of health services and undertaking general development. Policy to modify spatial distribution includes re-construction and restructuring and land reform, with emphasis on basic needs, especially food. The level of immigration is considered too high and import of labour has been terminated.

SAUDI ARABIA

The Government has indicated that it considers its rate of natural increase too low. Its major concerns are the development of population statistics to provide a basis for the planning of social and health services, further reductions in levels of mortality and morbidity and the achievement of the country's rapid economic development. Current emphasis is on the extension of health and water supply services to rural and nomadic population and on preventive health and education and maternal and child services. Services are also being expanded in order to support the highest possible level of child bearing and rearing. Due to a manpower shortage immigration for the purpose of recruitment of a temporary labour force is encouraged. There is a desire to improve the spatial distribution of the population by increasing migration to urban areas and constructing new cities such as Jubail expected to have 300,000 inhabitants by the year 1995.

SENEGAL

The Government has stated that its rates of natural increase and fertility were creating constraints, which may lead to a straining of harmonious development efforts. The introduction of family health and family planning as an integral part of mother and child health services has started on a limited scale. The Government considers the reduction of morbidity and mortality and an improved spatial distribution of the population to be its principal priorities. It reports a "New Lands" project in its development plan for 1977-1987, which is expected to reduce demographic pressure on certain agricultural zones. In addition, industrial enterprises are to be installed in the interior regions of the country. The current significant level of emigration is considered to be satisfactory.

SEYCHELLES

The Government considers that its fertility and natural increase are too high, largely because of the adverse effects upon maternal and child health and family welfare, although also in the light of the finite land resources and problems of unemployment. It reports a policy of reducing population growth through a reduction in fertility and promotes positive support for family planning programmes. However, the Government is also attempting to decrease urban to rural migration, populate outlying islands and to encourage rural development. It has a policy to decrease immigration and to maintain the level of emigration.

SIERRA LEONE

The Government has stated that it considers its rate of natural increase to be satisfactory. Although it believes that overall economic and social development will contribute most effectively to the solution of associated problems, it is giving careful attention to means of expansion of family health services and to the most appropriate means of including family planning guidance within them. The Government has, in 1978, allowed the Planned Parenthood Association to provide services. However, at present, it still gives highest priority among matters of population concern to the reduction of high levels of morbidity and mortality and the improvement of the spatial distribution of the population. A policy to decrease immigration is also in effect.

SINGAPORE

Due to the rapid decline in fertility, the Government has changed its position and now considers its rates of fertility and natural increase to be satisfactory. The Government has set a goal of a two-child family as a social norm and has established a series of disincentives which actively discourage large families by means of social and economic penalties. In 1976 it was announced that a replacement level of fertility has been achieved and as a result former programmes are being maintained to an increasing extent, as part of maternal and child health and family welfare services. Since 1976 an additional policy being communicated to the people is that of discouraging early marriage and parenthood among young girls and of encouraging wider spacing between births. While the level of international migration is considered not significant and satisfactory, concern has been expressed over the increasing number of refugees and illegal immigrants entering the country. The spatial distribution of the population is considered to be appropriate.

SOLOMON ISLANDS

An objective of the National Development Plan 1975-1979 is to achieve "a specific fall in the rate of population growth, through voluntary family planning by parents well-informed of the present and future situation of the community". The Plan states that "the Government has approached family planning cautiously, as it is a subject of deep concern to Solomon Islands people, churches and the Government itself". The plan states that the Government will "provide a co-ordinated system of family planning services and advise through established health services" and will "mount a careful campaign to inform people of the value to families and to the nation of a reduced rate of population growth". The following target is stated: "reduction in the rate of population increase to 2.0 per cent by the early 1980's to make possible an increase in real incomes per head for the next generation". In 1975 the growth rate was estimated to be 3.0 per cent. For 1979, the further target "to report comprehensively on population increase, child health and nutrition" is stated.

SOMALIA

The Government has indicated that its anticipated population size, the levels and trends of its population growth and its fertility rates are satisfactory. The Government's principal concern is with reduction of still very high levels of morbidity and mortality, and achievement of a

pattern of spatial distribution of population appropriate for the developmental goals it has adopted and within the context of the severe environmental constraints which exist. Special measures have been taken to provide medical and health facilities to the rural areas, legislation to limit polygamy has been enacted and a policy to decrease immigration and emigration has been formulated. In order to deal with the sudden large influx of refugees, the Government has established numerous camps to shelter these refugees.

SOUTH AFRICA

The Government of South Africa considers the rates of natural increase, population growth and fertility to be unsatisfactory because they are too high. The Government has been reimbursing clinics for family planning activities as well as for other health services and a five year national family planning programme launched in 1975 has the aim of reaching 50 per cent of fertile couples. Immigration is being encouraged from European countries to attract permanent residents and from neighbouring African countries for short-term workers. In order to readjust the spatial distribution of the population and decelerate the growth of cities, more than two million people have been resettled in remote areas of the country. In addition, a programme of industrial decentralization is in effect which through the use of tax incentives and rebates encourages both new and existing industries to locate in less developed regions.

SRI LANKA

Since the change in Government in 1977, there has been a stronger commitment the formulation of a population policy than under any previous Government and for the first time population policy has been gazetted as a function of a government ministry. The official 1978 policy aims at reducing the rate of growth and fertility by adjusting economic and social factors, promotion of family planning, raising the legal age of marriage and a system of tax policies reoriented to favour small families. The target is to reduce the crude birth rate from an estimated 29 per 1000 in 1970-1975 to 23 per 1000 by 1980. While the rate of increase of population remains static, there is evidence of greater demand for family planning services than can at present be met. Vigorous attempts are being made to provide all needed services in the context of better health for the whole family. The Government has shown particular concern with levels and trends of infant and child mortality that it considers unacceptable and has designed programmes to reduce maternal mortality in the five most affected areas. The levels and trends of emigration are considered

significant but satisfactory, contributing positevely to economic and social objectives although some problems such as "brain drain" do exist. The Government is attempting to readjust the spatial distribution of the population by encouraging the establishment of industrial and other economic activities outside the metropolitan region and by promoting a agricultural diversification.

SUDAN

While the Government has expressed satisfaction with current rates of natural increase and fertility, a recent Ministry of Planning statement indicates that "the present trends of population change, which must inevitably persist until the end of the present century, have implications for consumption, the education task and the increased demand for health and other social services". The Government supports family planning services and information as part of its Maternal and Child Health Programme, and attaches principal concern to the reduction of still high levels of morbidity and mortality. Importance is also placed on encouraging greater research into the interrelationships between economic development and population trends, with a view to identifying the ingredients of a sound population policy. Great concern has been expressed at the large number of refugees in the country which are posing serious problems of health and nutritional care. At present there is a desire to improve the spatial distribution of the population by decelerating the flow of migrants to urban areas and adjusting the rural configuration.

SURINAME

The Government considers rates of natural increase and fertility to be satisfactory, although it has noted that its substantial unused natural resources might require a larger population in the future. To contribute to the elimination of differential morbidity and mortality, a general health insurance scheme is being prepared, while preventive health care has received increasing emphasis. Redistribution of the population has been identified as a national development goal which is to be accomplished by the creation of agricultural settlements and housing projects in the interior. The Government has indicated particular concern with high rates of emigration and with problems associated with the "brain drain".

SWAZILAND

The Government considers that current rates of fertility and natural increase are unsatisfactory because they are too high. Solution of associated problems is believed to rest with overall socio-economic development, but the inclusion of family planning programmes within public health services is intended to bring about a gradual decline in fertility in the long-term, as well as contributing immediately to an improvement in maternal and child health and family welfare. Of immediate concern are still high rates of morbidity and mortality and the need to achieve a more appropriate spatial distribution of population in rural areas. The level of international migration is considered satisfactory and there is a desire to maintain the significant level of emigration.

SYRIAN ARAB REPUBLIC

Although the Government considers rates of natural increase and aggregate fertility to be currently satisfactory, it recognizes the existence of problems associated with fertility, which are being met by an improvement in maternal and child health services, notably in order to facilitate the achievement of a more appropriate spacing of births. These services are being supported by a comprehensive programme designed to improve the educational level of rural women. From the mid-1970's the Government adopted a specific policy of stimulating rapid overall socio-economic development as a means of resolving problems associated with population size, structure and growth. Early attention was given to sedentarization of nomads. The current concern is to avoid further centralization of activities in the metropolitan region, Damascus, and to give greater emphasis to the development of smaller urban centres and comprehensive rural development. The Government favours increasing the level of emigration from its current level.

THAILAND

In a recent statement the Thai Government said that it "shall and must continue to resolve the population problem by its own hands, realizing that population is one of the most significant variables affecting development in Thailand". The 1978 policy aims at lowering the rate of growth from 2.5 per cent in 1977 to 2.1 per cent in 1981 by decreasing fertility and immigration. Attainment of these objectives are being promoted by integrated population programmes involving manpower

development and intensified health, educational and comprehensive development projects for rural and poorest population groups. Family planning is provided by the Government and is being integrated into the school curriculum and adult literacy programmes. Concern has been expressed over the high level of immigration into the country, in particular, refugees from Laos, Kampuchea and Viet Nam and the Government has declared its intention to decrease immigration and to push back undocumented migrants. In an attempt to adjust the spatial distribution of the population by reducing the growth rate of metropolitan regions, specific measures undertaken have been the use of incentives to establish industries in provincial areas, the decentralization of Government agencies and the imposition of taxes on certain services in the Bangkok area.

TOGO

The Government considers the rates of natural increase and fertility to be satisfactory and favours the integration of family planning into the Government maternal and child health network as part of a national family welfare programme. The Third Development Plan (1976-1980) reports a health policy which desires to reduce morbidity and mortality by maintaining a balance between preventive and curative medicine, with an emphasis on the rational utilization of health infrastructure and mobile health teams. The target is to reduce infant mortality from an estimated 260 per 1,000 live births in 1962 to 120 by 1980. Rural development programmes such as irrigation projects are being undertaken in order to enable populations to settle in arid zones, thereby decreasing the level of migration from rural to urban areas. The level of international migration is considered not significant and satisfactory.

TONGA

The Third Development Plan 1975-1980 states that "the rapid rate of growth in population is of continuing concern". Substantial population increase "has led to a large dependent population, a situation which has been exacerbated by the emigration of quite substantial numbers of people in the economically active age group. Such a predominantly young population puts severe strains on the country's resources and calls for a substantial share of investment to be allocated to education, health and other viable services... The Government recognizes the urgency in solving the Kingdom's population problem and will continue to give high priority to the family planning programme". The Third Plan points out that "by giving the people the opportunity of limiting the size of their family, the programme will also

contribute to the health, social and economic improvement of the individual families". Two specific objectives of the family planning programme are: "To continue the reduction in the rate of growth of the population by lowering of the birth rate" and "to aim at a target of protecting at least 75 per cent of all married females in need by the end of 1980". At present policies to maintain the significant level of emigration and to maintain the flow of migrants from rural to urban areas are in effect.

TRINIDAD AND TOBAGO

The Government has indicated that although the country's rate of population growth in some ways contributed to the achievement of economic and social development, it was basically too high, since it placed excessive pressure on the country's natural resources and contributed to problems of unemployment and constrained desired income distribution. A number of policies have been formulated in relation to fertility and family well-being, such as the expansion of maternal and child health and family planning programmes, as well as informational and educational activities. The Government concerned about the emigration of skilled manpower, has developed programmes for the expansion of training facilities and employment opportunities. Modification of population distribution has been undertaken chiefly by the decentralization of public service activities.

TUNISIA

The Government, recognizing the importance of controlling population growth, considers the rate of natural increase to be unsatisfactory because it is too high and maintains a policy of decreasing the rates of natural increase and fertility. Emphasis is being placed on the social importance of population limitation with family planning programmes being implemented as a basis for improving family welfare. Within the concept of family welfare, the Government's strategies consist of population education and improved public health services, including family planning facilities accompanied by a number of legislative measures designed to facilitate contraceptive practice. A target has been established to reduce the crude birth rate from the estimated 39 per 1,000 in the period 1975-1980 to 33 per 1,000 by 1981 and 30 per 1,000 by 1986. The creation of new employment possibilities has become a primary planning goal due to the problems of unemployment which have become aggravated by declining emigration to the host countries of Europe suffering from recession. In order to stem the flow of migrants to urban areas and improve the spatial distribution of the population, programmes of rural development

and incentives to re-group highly dispersed populations into new village communities are in effect.

TURKEY

The Government considers the rates of population growth and fertility to be unsatisfactory because they are too high and has adopted a policy of decreasing the growth rate by preventing unwanted pregnancies and improving the delivery of public health and preventive medicine services throughout the country, with priority being given to rural areas. Family planning services are provided by the Government within the context of an integrated maternal and child health programme. Other announced objectives of the Government include raising living standards, industrialization, modernization in agriculture, balanced settlement and urbanization, less dependence on foreign resources, solving the unemployment problem and improving income distribution. In addition, there is a desire to increase the number of Turkish workers going abroad in order to solve problems associated with unemployment.

UGANDA

The Government, in its development programme, announced in mid-1971, came out in support of family planning and indicated that it would be in a position to assist the Family Planning Association of Uganda. In 1976 the Government reiterated its position, stating that it considered rates of natural increase and fertility to be too high. It noted, however, that its programmes were in an early stage of implementation. While the spatial distribution of the population is considered to be inappropriate, the policy is one of decelerating the flow of migrants to urban areas without adjusting the urban and rural configurations. The level of international migration is perceived as being satisfactory and not significant.

UNITED ARAB EMIRATES

The Government places special emphasis on raising the standard of living through economic development and social planning. Its major concern is the development of population statistics to provide a basis for such planning and to provide a basis for planning for social and health services. The Government considers it desirable to bring about a rapid

reduction in mortality and to maintain a high fertility rate so as to achieve higher rates of natural increase and to reduce the country's future dependance on immigrants. The Government would like to maintain the current significant level of immigration and in August 1977 it proclaimed a total amnesty of limited duration for all illegal immigrants. There is a desire to improve the spatial distribution of the population by decreasing the flow of migrants to urban areas and adjusting the urban and rural configurations.

UNITED REPUBLIC OF CAMEROUN

The Government has indicated that its anticipated population size will be smaller than that considered necessary or desirable in relation to its physical resources, and that the levels and trends of its population growth are lower than desired largely because of the existence of a high incidence of sterility and low fertility in certain regions. Its principal population concern is to reduce still very high levels of morbidity and mortality, including associated sterility and sub-fecundity. Redistribution of population from congested rural areas and from major urban centres is perceived to be an important means to resolve population problems. The level of international migration is considered to be satisfactory and not significant.

UNITED REPUBLIC OF TANZANIA

The Government has indicated that its anticipated population size, the levels and trends of its population growth and its fertility rates are satisfactory (indicating also that it has considerable unused physical resources). At the same time, the President has also indicated that "it is important for human beings to put emphasis on caring for children and ability to look after them properly, rather than thinking about only numbers of children and ability to give birth". The Government places concern for child-spacing within the context of improving family health and reducing mortality rates and is introducing child-spacing services throughout its maternal and child health system. The Government has undertaken a policy of resettling the residents of scattered hamlets into nucleated villages known as Ujamaa (self-reliance) villages and a new capital, Dodoma, is being constructed in the interior. In a further attempt to stem the rural-urban migratory flow, work permits have been issued in urban areas and unemployed migrants in the cities have been encouraged to return to the villages. Although the level of international migration is not considered to be significant, increasing concern has been expressed over the substantial number of refugees residing in the country.

UPPER VOLTA

The Government considers that current rates of fertility and natural increase are satisfactory. Its principal population concerns are reduction of still high levels of morbidity and mortality with particular attention to improvement in maternal and child health; improvement of the spatial distribution of rural population, which requires solution of endemic health problems in under-populated but fertile areas; and solution of problems associated with the substantial emigration of adult males. The Government favours the promotion of women and the introduction of population and sex education in the schools.

URUGUAY

The Government has indicated that its anticipated population size is too small in relation to its physical resources and that levels and trends of fertility and population growth are unsatisfactory because they are too low. It is assigning high priority to its existing policy of attracting further immigration, and particularly to the repatriation of the large number of emigrants presently in adjacent countries. The Government has expressed dissatisfaction with the spatial distribution of its population and desires to decelerate rural to urban migration and to adjust the urban configuration.

VENEZUELA

The Government considers fertility and natural increase to be satisfactory but has acknowledged the need for co.tinued expansion of family planning programmes within maternal and child health programmes, as a means of resolving individual problems in regard to the spacing of births of children and the attainment of desired family size. The Government has taken over full responsibility for the provision of family planning services within the national health services system in order to reduce the high incidence of illegitimacy, irresponsible parenthood, abortion and juvenile deliquency, and as a means of raising the economic, social and moral level of the family. A commission has been appointed to establish a National Population Foundation (FUNDACREDESA) which will be in charge of elaborating alternative solutions to the country's population problems. The Government has assigned considerable priority to the achievement of a pattern of spatial distribution which is appropriate to the country's rapid socio-economic development. Concern has been expressed over the large number of both legal and illegal immigrants residing in

the country and attempts are underway to control this immigration.

VIET NAM

The second Five-Year Plan (1976-1980) as approved by the Fourth Congress of the Party in April 1976 provides important policies and targets for economic development of the country which the Government feels cannot be achieved unless two priority problems in the field of population are successfully tackled: population growth and population redistribution. The reduction of population growth is anticipated to be achieved mainly through the National Family Planning Programme as has already been successfully done since the early sixties in the Northern region. The goal is to curb the national present population growth rate of 2.3 per cent to 2.0 per cent by 1980 and 1.5 pre cent by 1985. The population redistribution programme aims in the long-run at transferring ten million (four million before 1981) of mainly jobless urban and rural population into virgin rural areas in an effort to solve the unemployment problem and to accelerate the economic recovery of the country. The Government also plans to implement or to strengthen special programmes for women and youths and for population data gathering and processing. The level of international migration is considered satisfactory and not significant.

YEMEN

The Government has indicated that its anticipated population size, the levels and trends of its population growth and its fertility rates are satisfactory. Its principal concern is reduction of still high levels of morbidity and mortality, and it has approved a pilot programme of inclusion of family planning guidance within maternal and child health services for purposes of health and welfare. Overall socio-economic development programmes are visualized as improving basic living standards and health and thus substantial investment has been provided by Arab countries in infrastructure, equipment and personnel. Policies are in effect to maintain the significant level of emigration and to maintain the level of rural to urban migration.

ZAIRE

The Government considers that, although levels and trends in rates of natural increase are satisfactory in themselves, given the substantial natural resource potential of the country, there exist a number of problems facing individuals in the achievement of desired spacing of births and desired size of completed family. In 1972 the Government announced a "Desired Births" programme, several phases of which have subsequently been implemented, so that guidance, information and means are now provided within the community health services in order to avoid unwanted births, abortions, and other dangers to maternal and child health and family welfare. In 1977 supportive programmes were introduced in the areas of public information, sex education, and improvement in the organization of community health services. The Government is concerned also about reducing rapidly still high levels of morbidity and mortality, and achieving a more appropriate spatial distribution of the population. While the level of international migration is considered satisfactory and not significant, the Government has been attempting to deal with the problems posed by the large influx of refugees from neighbouring countries.

ZAMBIA

The Government has indicated that its population size, the levels and trends of its population growth and its fertility rates are satisfactory. The Government promotes family health and welfare as part of the national family health programme, the objectives being to improve and expand action programmes in the areas of nutrition, control of infectious diseases and child spacing as an integral part of maternal and child health care. In order to improve the spatial distribution of the population a rural deployment programme has been launched which aims at utilizing urban unemployed to work on the land. In addition, in 1978 the Greater Lusaka Development Plan was approved, its goal being the continuation and extension of the existing urban area, rather than the creation of a new city. The level of international migration is considered satisfactory and not significant, although increasing concern has been expressed over the large number of refugees from neighbouring countries now residing in Zambia.

ANTIGUA

In 1973, the Ministry of Health and the Antigua Planned Parenthood Association agreed on a pilot family planning programme operated on the concept of community-based distribution of contraceptives. The earlier pilot activity was revised in early 1975 and an information and education programme initiated along with the CBD project.

ARUBA

In March 1975 the Netherlands Government stated that economic conditions, including a high rate of unemployment, showed clearly the need for a policy of comprehensive socio-economic restructuring, including a fully integrated population policy. It noted, however, that fertility had already begun to decline, and that natural increase rates were projected to fall to 1.5 per cent in 1985 and to 1.2 per cent in 2000, assuming that fertility of cohorts born in 1952 and afterwards would be at replacement level. Substantial support has been given by trade unionists and others for a family planning programme designed to contribute to further fertility decline, and the Government supports the activities of the Foundation for the Promotion of Responsible Parenthood, founded in 1965, in order to ensure further fertility decline and family welfare.

BELIZE

Although no explicit statement is known to have been made in recent years, it is believed that the authorities still consider that the maintenance of moderately high rates of fertility and natural increase are appropriate for a country with a small total population and large under-utilized natural resources. Accordingly it has not adopted a policy designed to reduce these rates. Immigration of selected persons capable of contributing to economic development is encouraged but large-scale immigration projects suggested during an earlier period are no longer considered appropriate in the context of current development plans, which emphasize capital intensive agriculture.

BRITISH VIRGIN ISLANDS

The territorial Government in attempting to accelerate the rate of economic growth is preparing a project-oriented development plan, with priority being given to agriculture, manufacturing, tourism and infrastructure. The growth of a large dependent immigrant population is being discouraged, in order to protect business and employment opportunities for the indigenous population and residents.

CAYMAN ISLANDS

Territory authorities are firmly committed to the immediate establishment of family planning and health education services. The family planning programme within the context of the overall programme would provide family planning services within the health services to persons requesting them and to those who are at a particularly high risk of having a child with a genetic disease, as well as a health education programme in the community and in the schools, focussing on genetics and family life, in order to sensitize the community and particularly the young people to the genetic risks and the measures for their prevention.

COOK ISLANDS

In its family health project request to UNFPA, the authorities stated: 'The high rate of population increase, combined with the limited land resources available in the Cook Islands, means support for population activities is imperative if the land available... is to continue supporting the people..." The long-term objective of the family health project was stated as follows: 'To educate the public to grasp the real meaning of family planning, that every child born is a wanted child". The Government is pursuing the development of a family planning programme integrated with the overall maternal and child health service. The dominant demographic feature during the 1960's was emigration, particularly of younger adults, to New Zealand. Although decreasing during the 1970's, this had resulted in a larger number of Cook Islanders being resident in New Zealand than in the territory itself, where severe labour shortages had resulted. The authorities currently support the return of migrants and the decision by the New Zealand Government to substantially reduce immigration from the Pacific Islands is likely to halt emigration.

CURACAO

Although in 1973 the Netherlands Government reported that no statement on matters of principle had been made with respect to population policy, in March 1975 it stated that economic conditions, including a high rate of unemployment resulting from automation in the petroleum industry, showed the need for a policy of comprehensive socio-economic restructuring, including a fully integrated population policy. It noted, however, that fertility levels were rapidly declining. The authorities continue to support the activities of the family planning association, which is permitted to operate in public health facilities and to provide sex education in schools.

GUADELOUPE

Because of its concern with unacceptable levels of unemployment and the existence of some pressure upon resources, the authorities support reduction in fertility and natural increase by means of the provision of family planning services and have modified family allowances and associated benefits in order to lessen their possible pronatalist effect. Emigration to France is assisted. Considerable resources are allocated to continued reduction in morbidity and mortality, particularly of women and children.

HONG KONG

In 1977 authorities expressed their satisfaction with current measures to reduce the population growth rate and reported that further measures would not be necessary in the foreseeable future. Family planning services are provided as part of an official programme of maternal and child health care. In March 1977 authorities announced increased tax allowances for up to eight children, the tax allowances being based on a sliding scale ranging from $ 4,000 for the first child to $ 500 for the seventh and eight child. An agreement has been reached between Hong Kong and China to curtail the flow of illegal immigrants into Hong Kong. Concern has been expressed over the large numbers of refugees residing in Hong Kong, resulting in problems associated with overcrowding and the over-burdening of municipal services. In order to relieve pressure on the congested urban centre, three new satellite towns are being developed in the outlying New Territories and are expected to house two million people by 1985.

KIRIBATI

The 1979-1982 Development Plan states as one of its major objectives "to maintain a balance between population and natural resources" due to special geographical circumstances of the islands which impose limits on the population that can be accommodated. The projection above assumes "that the family planning effort is maintained and fertility rates stabilize at present levels. The lower the rate of growth of population, the more time will be available for adaption of land use techniques and development of other means of support". In the past population pressures have been partially relieved by migration and resettlement in other countries. It is not expected that further opportunities of this type will arise. Another major objective of the Plan is "to decentralize economic activity and institutions and develop alternative centres to South Tarawa". Natural limitations on the growth of South Tarawa makes it necessary to move activity to other islands.

MARTINIQUE

Because of its concern with unacceptable levels of unemployment and the existence of pressure upon resources, the authorities support reduction in fertility and natural increase by means of the provision of family planning assistance and have modified provision of family allowances and associated benefits in order to lessen their possible pronatalist effect. Emigration to France is assisted. Considerable resources are allocated for the purpose of bringing about a continued reduction in morbidity and mortality, particularly of women and children.

MONTSERRAT

Since substantial emigration during the late 1960's brought rates of population growth to low levels, and recent economic expansion has absorbed almost all available labour, the authorities have not considered that more rapid reduction in levels of fertility and natural increase was urgent. However, they have been concerned with improving maternal and child health and with resolving social problems, and have supported the activities of the Family Planning Association, which provides services in Government health facilities as well as in its own clinic.

NEW HEBRIDES

Territory authorities seek to improve the living conditions of the inhabitants by reducing morbidity and mortality, with special attention to the needs of mothers and children, by improving health conditions and by organizing and expanding preventive services. It also seeks improvement in the delivery of family health and community health services, including family planning. The first Family Health project request to UNFPA in 1973 stated that although population density was low, "there are many justifications for trying to limit the size of families and the rapid population increase," among them, pressure on the local economy based mainly on agriculture and more demands on the social services such as education and health which, in 1973 when the project commenced, were considered insufficient to satisfy even existing needs.

ST. HELENA

In 1975 Territory authorities announced that all family planning services, including any operation or hospital stay related to family planning would be free. Education is free and compulsory for all children between the ages of 5 and 14. As a result of the Commonwealth Immigrants Act of 1962, emigration to Great Britain has been virtually halted.

ST.KITTS-NEVIS-ANGUILLA

The authorities have indicated that they are "deeply concerned with the problems of teenage pregnancies and its resultant social and educational effects. The population pyramid is alarming, showing a small work force and a largely dependent population. The fact that these young adults also enter the labour market and remain unemployed for long periods of time is a distressing situation". Family planning services have been fully integrated within health care services as a means of reducing the overall level of fertility and natural increase and of resolving health and social problems.

ST. VINCENT

Concerned with the pressure of still high rates of natural increase on land resources and services, and with problems facing individuals in determining desired spacing of births and family size, the territorial

Government has recently introduced a free national family planning programme as an integral part of its maternal and child welfare services. Long standing support to the Family Planning Association, which was founded in 1956 when fertility levels were very high, has contributed to their decline.

TUVALU

The first Development Plan of Tuvalu states as one of its major priorities "... the continuing reduction of the rate of population growth through a comprehensive family planning programme and expanding health and education services consistent with the resource available and the needs of the country. Whilst Tuvalu aspires to provide a high standard of hospital services, it must not at the same time lose sight of the need to develop and maintain efficient family health including family planning and public or environmental health services".